

FILED NOV 22 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

38415

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place) <u>3 YRS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1914 N. 5TH STR</u>		e. STREET ADDRESS (If rural, give location) <u>1914 N. 5TH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BURNETT</u> b. (Middle) <u>V.</u> c. (Last) <u>DOLL</u>	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>17</u> (Year) <u>1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 16, 1921</u>	9. AGE (In years last birthday) <u>33</u> Months <u>4</u> Days <u>1</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHARMACIST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HERMANN Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JOHN DOLL</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE SCHOLTEN</u>	14. NAME OF HUSBAND OR WIFE <u>JANE F. DOLL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>W.W.2</u>	16. SOCIAL SECURITY NO. <u>497-14-2347</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jane F. Doll</u>	ADDRESS <u>St Charles Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gun shot wound</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. CHARLES ST. CHARLES Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 17-54 5:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marie Muehling Crowner</u>	23b. ADDRESS <u>Wentzville mo</u>	23c. DATE SIGNED <u>Nov. 17, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>NOV. 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HERMANN Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov 17 1954</u>	REGISTRAR'S SIGNATURE <u>Fannie Beuchler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Finster</u>	ADDRESS <u>St. Charles Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0923

0923

JAN 10 1955

NOV 5

NOV 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or~~ by Student Embalmer No.

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *E. J. R. Remelius*

Licensed Embalmer No. *429*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.